



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

December 6, 2011

Tracy Chellis, Administrator
Bayada Nurses, Inc
110 Kimball Avenue, Suite 250
So Burlington, VT 05403-6925

Provider ID #: 477019

Dear Ms. Chellis:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **October 24, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure - Federal Form Event ID# VZ7P11



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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESLicensing and
ProtectionPRINTED: 10/31/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/24/2011
NAME OF PROVIDER OR SUPPLIER BAYADA NURSES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 110 KIMBALL AVENUE, SUITE 250 SO BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 000	INITIAL COMMENTS	G 000			
G 118	<p>484.12(a) COMPLIANCE WITH FED, STATE, LOCAL LAWS</p> <p>The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the home health agency failed to report an unexpected death as required by Vermont Regulations for the Designation and Operation of Home Health Agencies 5.7 (b)(1) (Client #1) . Findings include:</p> <p>Per review of an anonymous complaint on 10/19/11, the intake reported the death of Client # 1. Per record review on 10/24/11 Client #1 died on 10/03/11, however, the Agency did not report to the untimely death to the Division of Licensing and Protection (DLP). Per interview on 10/24/11 at 3:30 PM the Clinical Manager stated that Client #1 was found by an Aide on Oct. 3, 2011 and was shocked as Client #1 "was not in failing health or sick at the time and was young....it was unexpected". The Clinical Manager also stated "I'm not aware of the policy</p>	G 118	<p>Director will review requirements for notifying the state of critical incidents with all Clinical Managers and Client Service managers by 11-11-11. Director will ensure written incident reports are submitted by the next business day.</p> <p><i>PDC complete</i> <i>S. Evans / SCA</i> <i>11.23.11</i></p>	11/11/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Tracy Chellis**Director/Administrator**11-11-11*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/25/2011
FORM APPROVED
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G 118	Continued From page 1 regarding unexpected death" but made a telephone call to the Director, who was out of town, to confirm that DLP was not notified of this unexpected death as required by Vermont Regulations for the Designation and Operation of Home Health Agencies 5.7 (b)(1)	G 118	Director will review the Time and Activity Records of a random sampling of 10% of active field staff to assess the extend of the training needs. This will occur by 11-30-11.		
G 236	484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary. This STANDARD is not met as evidenced by: Based on record review and interview the Licensed Nursing Assistants (LNAs) failed to appropriately complete time and activity record for 1 applicable client. (Client #1). Findings include: 1. Per interview on 10/24/11 at 4:15 PM the Nurse Manager stated that client #1 received assistance with showers and foot soaks daily but would regularly refuse the general support services such as housekeeping, bed/linen changes or laundry. Per record review of the Home Health Aide Care Plan directed LNAs to provide care under #3 assist showers daily or #5 sponge bath if not showering, and #16 foot soaks daily. Item #9	G 236	Clinical Managers will perform additional trainings with Home Health Aides about the proper completion of Time and Activity Records by 11-25-11. Clinical Manager will review Time and Activity Records on a weekly basis to verify that they are being done correctly and will perform individual counseling sessions with HHA's as needed. Director will ensure the adherence to this plan. <i>POC unit</i> <i>11.23.11</i> <i>S Emms / SGA</i>	1/1/12	

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G 236	Continued From page 2 skin care, #25 meal prep, #43 escort for shopping/errands, #48 housekeeping, #49 change linens, #50 bed making, and #52 grocery shopping, where to be provided "upon request". The Time and Activity record during the 9/21/11 visit had "check marks" for all areas of services mentioned above. When questioned why staff would provide a shower and a sponge bath on the same day the Nurse manager, stated that "staff sometimes check things off when they're not done because they're not allowed to leave open areas unmarked". The Clinical Manager stated, at that time, that staff need to "accurately document and not just check things off" as to whether services are provided, refused or client does on their own. The Clinical Manager confirmed at 4:30 PM that the documentation was not appropriately completed.	G 236			